

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

UNITED STATES OF AMERICA,)
)
Plaintiff,) 4:08CV3226
)
v.)
) MEMORANDUM AND ORDER
MARK A. FREDERICK,)
)
Defendant.)

IT IS ORDERED:

- 1) The government's motion for supplementary proceedings, (filing no. 7), is granted; and
 - a. The defendant, Mark A. Frederick, shall appear before the undersigned in Courtroom 2, 593 Federal Building, 100 Centennial Mall North, Lincoln, Nebraska 68508 on January 27, 2011 at 1:00 p.m. to participate in a debtor's examination. At the debtor's examination, Mark Frederick will be required to answer questions concerning his/her assets, income.
 - b. The defendant, Mark A. Frederick, shall complete and sign the attached financial statement and shall bring the completed financial statement, and all items listed on Attachment A, to the debtor's examination on January 27, 2011.
- 2) The clerk shall serve a copy of this order on the defendant, Mark Frederick.

DATED this 14th day of December, 2010.

BY THE COURT:

s/ Cheryl R. Zwart
United States Magistrate Judge



U.S. Department of Justice
Financial Statement of Debtor
 (Submitted for Government Action on
 Claims Due the United States)
NOTE: Use additional sheets where space on this
 form is insufficient or continue on back of last page.

FINANCIAL STATEMENT OF DEBTOR

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, et seq.; 31 U.S.C. 951, et seq.; 44 CFR 3101; 4 CFR 101, et seq.; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 et seq.

The principal purpose for gathering this information is to evaluate your ability to pay the Government claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register: Justice/CIV-001 at page 53321; Justice/TAX-001 at page 15347; Justice/USA-00 at pages 53408-53410, Justice/CRIM-016 at page 12774. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1

Personal
Information

1. Full Name(s) _____

1a. Home Telephone: () _____

1b. Cellular Number: () _____

Street Address: _____

2. Marital Status:

City _____ State _____ Zip _____

Married Separated

Not Married (single, divorced, widowed)

County of Residence: _____

2a. Spouse's Name _____

How long at this address? _____

2b. Spouse's Date of Birth _____

3. Your Social Security Number _____

3. Your Social Security Number _____

4. Your Date of Birth _____

5. Own Home Rent Other (specify, i.e. share rent, live with relative) _____

6. List the dependents you can claim on your tax return

First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2

Employment
Information

7. Your employer _____

8. Spouse's employer _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Work telephone No. () _____

Work telephone No. () _____

7a. How long with this employer? _____

8a. How long with this employer? _____

7b. Occupation (title) _____

8b. Occupation (title) _____

★★★★★ ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (i.e. pay stubs, earning statements).

Section 3

Your
Business
Information

9. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)

Yes No If yes, provide the following information:

9a. Name of Business _____

9c. Employer Identification No. _____

9b. Street Address _____

City _____ State _____ Zip _____ Telephone () _____

★★★★★ ATTACHMENTS REQUIRED: Please provide proof of self-employment income for the prior 3 months (i.e. invoices, commissions, tax returns, sales records, income statement)

Name _____

SSN _____

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Section 4 10. Do you receive income from sources other than your employer and/or own business (Check all that apply)
 Other
 Income
 Information Pension Social Security Other (specify, i.e. child support, alimony, rental property)

★★★★★ **ATTACHMENTS REQUIRED:** Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions.

Section 5 **11. CHECKING ACCOUNTS.** List all checking accounts

Banking,
 Investment,
 Cash, Credit
 and Life Ins.
 Information

	<u>Type of Account</u>	<u>Full name of Bank, Credit Union or Institution</u>	<u>Bank Account No.</u>	<u>Current Account Balance</u>
11a.	Checking	Name _____ Address _____ City _____	State _____ Zip _____	\$ _____
11b.	Checking	Name _____ Address _____ City _____	State _____ Zip _____	\$ _____

12. OTHER ACCOUNTS. List all other accounts including savings, brokerage and money market, not listed in 11.

	<u>Type of Account</u>	<u>Full name of Bank, Credit Union or Institution</u>	<u>Bank Account No.</u>	<u>Current Account Balance</u>
12a.	_____	Name _____ Address _____ City _____	State _____ Zip _____	\$ _____
12b.	_____	Name _____ Address _____ City _____	State _____ Zip _____	\$ _____

★★★★★ **ATTACHMENTS REQUIRED:** Please include your current bank/financial statements for the **past 3 months** for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

	<u>Name of Company</u>	<u>Number of Shares</u>	<u>Current Value</u>
13a.	_____	_____	\$ _____
13b.	_____	_____	\$ _____
13c.	_____	_____	\$ _____

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ _____

15. CREDIT DEBT. List all lines of credit, including credit cards and signature loans.
 (Attach a separate sheet if you need more space.)

<u>15a. Full name of Credit Institution</u>	<u>Credit Limit</u>	<u>Current Balance</u>	<u>Minimum Monthly Payment</u>
Name _____	\$ _____	\$ _____	\$ _____
Address _____			
City _____	State _____	Zip _____	

Name _____

SSN _____

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Section 5	15b. Full name of Credit Institution	Credit Limit	Current Balance	Minimum Monthly Payment
(continued)	Name _____	\$ _____	\$ _____	\$ _____
	Address _____			
	City _____	State _____	Zip _____	
	15c. Full name of Credit Institution	Credit Limit	Current Balance	Minimum Monthly Payment
	Name _____	\$ _____	\$ _____	\$ _____
	Address _____			
	City _____	State _____	Zip _____	

16. LIFE INSURANCE.Do you have life insurance with a cash value? Yes No (Term Life Insurance does not have a cash value)

16a. Name of Insurance Company _____

16b. Policy Number(s) _____

16c. Owner of Policy _____

16d. Current Cash Value \$ _____

16e. Outstanding Loan Balance (if applicable) \$ _____

Section 6

Other

17. OTHER INFORMATION. Respond to the following questions related to your financial condition:

(Attach a separate sheet if you need more space.)

17a. Do you have a safe deposit box? Yes No

If yes, please include the name and address of location of box, the box number and the contents below:

17b. Do you have a will? Yes No; if yes, where is it kept? _____17c. Are there any garnishments against your wages Yes No If yes, who is the creditor? _____

Date of Judgment _____ Amount of Debt \$ _____

17d. Are there any judgments against you? Yes No If yes, who is the creditor/plaintiff? _____

Date of Judgment _____ Amount of Debt \$ _____

17e. Are you a party to a lawsuit? Yes No If yes, amount of suit \$ _____

Possible completion date _____ Court _____

Subject of suit _____

17f. Have you ever filed bankruptcy? Yes No

If yes, date filed _____ Date discharged _____

17g. In the past 10 years have you transferred any assets out of your name for less than their actual value?

 Yes No If yes, what asset(s)? _____ Value of asset at time of transfer \$ _____

When was it transferred? _____ To whom was it transferred? _____

17h. Do you anticipate any increase in household income in the next 2 years? Yes No

If yes, why will the income increase? _____ How much will it increase? _____

17i. Are you a beneficiary of a trust or an estate? Yes No If yes, name of trust/estate? _____

If yes, anticipated amount to be received? \$ _____ When will amount be received? _____

17j. Are you a participant in a profit sharing plan? Yes No

If yes, name of plan? _____ Value of plan \$ _____

Name

SSN

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Section 7

Assets and Liabilities

* Current Value is the amount you could sell the asset for today

18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (if you need additional space, attach a separate sheet.)

Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payments
18a. _____	\$ _____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
18b. _____	\$ _____	\$ _____	_____	_____	\$ _____

19. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (if you need additional space, attach a separate sheet.)

Description (year, make, model)	Current Lease Balance	Name of Lender	Lease Date	Monthly Payments
19a. _____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	_____
19b. _____	\$ _____	_____	_____	\$ _____

★★★★★ **ATTACHMENTS REQUIRED**. Please include your current statement from lender with monthly vehicle payment and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Lender/Lien Holder Street Address, City State, Zip	Actual Property Street Address, City State, Zip	Date Purchased	Purchase Price	Current Balance	Monthly Payment
20a. _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
20b. _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____

21. PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach a separate sheet.)
Line 21a. Furniture/Personal effects includes the total current market value of your household such as furniture and appliances.
Line 21b. Other includes all jewelry, artwork, antiques, collections and/or other assets not already listed on this statement.

Description	Current Value	Loan Balance	Lender	Monthly Payment
21a. Furniture/Personal Effects (see note above)	\$ _____	\$ _____	_____	\$ _____

21b. Other (see note above)

Name _____

SSN _____

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Section 8**TOTAL INCOME**Monthly
Income and
Expense

	<u>Source</u>	<u>Monthly</u>
NOTE:	22a. Gross Wages (you)	\$ _____
Even if only one spouse has a debt, but both have income, list the total household income and expenses.	22b. Gross Wages (spouse)	\$ _____
	22c. Interest/Dividends	\$ _____
	22d. Net Business Income	\$ _____
	22e. Net Rental Income	\$ _____
	22f. Pension/Social Security (you)	\$ _____
	22g. Pension/Social Security (spouse)	\$ _____
	22h. Child Support	\$ _____
	22i. Alimony	\$ _____
	22j. Other	\$ _____

DEDUCTIONS FROM WAGES

	<u>Monthly</u>
24a. Taxes (Federal, State, FICA, etc.)	\$ _____
24b. Insurance	\$ _____
24c. Union Dues	\$ _____
24d. Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LIVING EXPENSES

Expense Items (We generally do not allow you to claim tuition for private schools, college expenses, charitable donations, or voluntary retirement contributions.)

<u>Items</u>	<u>Actual Monthly</u>
23a. Rent/Mortgage	\$ _____
23b. Electric	\$ _____
23c. Natural Gas	\$ _____
23d. Cable TV	\$ _____
23e. Telephone	\$ _____
23f. Water	\$ _____
23g. Food	\$ _____
23h. Car Payment	\$ _____
23i. Gasoline	\$ _____
23j. Car Insurance	\$ _____
23k. Cell Phone/Pager	\$ _____
23l. Clothing & Misc.	\$ _____
23m. Court Ordered Payments	\$ _____
23n. Child Support	\$ _____
23o. Child/Dependant Care	\$ _____
23p. Life Insurance	\$ _____
23q. Other expenses (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

★★★★★ ATTACHMENTS REQUIRED. Please include:

- A copy of your last Form 1040 with all schedules
- Proof of all current expenses that you paid for last 3 months, including utilities, rent, insurance, property taxes, etc.
- Copies of any court order requiring payment and proof of such payments for the last 3 months.
- Copies of any paperwork to support claims on lines 22j, 23q or 24d.

PAYMENTS

PROPOSED MONTHLY PAYMENT IS: \$ _____ ON _____ DAY OF THE MONTH.

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct and complete, and I further declare that I have no assets, owned either directly or indirectly or income of any nature other than as shown in this statement, including any attachment.

Signature _____

Social Security No. _____

Date _____

WARNING

False statements are punishable up to five years imprisonment, a fine of \$250,000 or both pursuant to 18 U.S.C. §1001.

ATTACHMENT A

1. Earning statements from your most recent paychecks.
2. Business records for the present year and past calendar year which reflect assets, liabilities, gross receipts and expenses for any sole proprietorship, partnership or corporation in which you, or your spouse, own any interest.
3. Current bank statements for the past 12 months from all banks or other financial institutions, where any sole proprietorship, partnership, or corporation in which you, or your spouse, own any interest, has an account of any kind.
4. Current bank statements for the past 12 months from all banks, or other institutions, where you, or your spouse, have an account of any kind.
5. All trust agreements in which you, or your spouse, are named trustor, trustee or beneficiary.
6. All deeds, leases, contracts, and other documents representing any ownership interest you, or your spouse, have in any real property, and all deeds of trust, mortgages, or other documents evidencing encumbrances of any kind on your real property.
7. All stocks, bonds, or other securities of any class you may own, by you separately or jointly with others, including options to purchase any securities.
8. Titles to all motor vehicles owned by you or your spouse.
9. All life insurance policies in which you are either the insured or the beneficiary.
10. All promissory notes held by you, and all other documents evidencing any money owed to you either now or in the future.
11. All financial statements furnished by you within the past five years.
12. All deeds, bills of sale, or other documents prepared in connection with any transfer made by you, either by gift, sale, or otherwise within the last five years.
13. A schedule of all regular expenses paid by you, such as installment debts, food, utilities, etc. Include the amount paid, the payee, and, if an installment debt, the amount of debt owing and any security pledged.
14. All documents evidencing any interest you have in any pension plan, retirement fund, or profit-sharing plan.
15. All records pertaining to your assets and finances.

16. Copies of income tax returns for the past three years.
17. All records of any unincorporated business of which you are an owner or part-owner, or have been an owner within the past three years.